Returned

App. F. IX-4

Previous References

1934. (Medical)

File No. 112-33.

Serial Nos. 1-4.

Later References.

Med. 30(1)-35, Pts. 1-2.

" 99-40, Pts. 1-2.

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. 4

Part B for July 35.

SUBJECT.

Report of Dr. B.K. Narayana Rao in connection with his recent visits to some medical clinics in Europe.

S(4).

To

WD 01965—GPB—15,000—7-7-34

G 6664 dt 21.3.34

The Senior Surgeon.

The second member of Council would like to discuss some of the proposals with him + requests him to kindly do so the next time he meets him.

Submitted to His Highness.

I beg to submit for His Highness's gracious perusal the report submitted by Dr B. K. Narayana Rao, Superintendent, Minto Opthalmic Hospital, Bangalore, in connection with his recent visits to some Medical Clinics in Europe to study latest advances in medical science.

Mirza M. Ismail

Bangalore,
15th October 1933.

DEWAN.

Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

Report of Dr. B. K. Narayana Rao in connection with his recent visits to some medical clinics in Europe.

188

Order.

~~KRW~~
17/10/33

General and Revenue Secretariat

1820 Mis.

Report of Dr. B. K. Narayana Rao in connection with his recent visits to some medical clinics in Europe.

(*)

31. All urgent or confidential files returned with His Highness' orders may in the absence of instructions or indications to the contrary, be ordinarily circulated to the Members of Council for perusal after the issue of orders.

33. The Secretaries concerned should see that orders in the cases referred to above are issued at once and that the files are returned immediately after to the Chief Secretary for circulation to the Members.

34. In all other cases, the files will first be circulated to the Members of Council at Headquarters and then sent to the Secretariat concerned for the issue of orders.

Circulated to Members of Council for perusal of His Highness' orders before/after issue of orders. (*Vide* Rules* 31, 33 and 34 of the Subsidiary Rules for the conduct of business of Council in the Manual of Council Rules and Procedure.)

Chief Secretary to Government.

Through the Secretary to Government,

.....Department.

3014/21/40

FIRST MEMBER OF COUNCIL.

2340/21/40

SECOND MEMBER OF COUNCIL.

21/10

23/10

25/10

NOTE.—Contn. sheet

Report of Mr B.K. Narayana Rao, in connection with his recent visit to Some Medical Clinics in Europe.

[App. F. III—2

General and Revenue Secretariat

File No. Med 112 of 1933.

Serial No.

1 It is a point for consideration if the above report is to be got printed.

2. The proposals made by the Medical Officer, Mr B.K. Narayana Rao, for the orders of Govt are contained at Para 17 of the Report (Pages 31 & 32 thereof)

The Sr. Surgeon has to be consulted asked to offer his opinion on Each of the proposals made.

3. If approved, the file will be referred to him G.O. for an expression of his opinion

B.S.R. W.Z. 3-11-33

Gen: Secy)

3/11/33

Office of the Second Member of Council, 6 NOV. No. 2781.

GENERAL SECRETARY 4 NOV. 1933 No.

4 This may be done

4/11

II Notes)

5) Dr. B K N must have sent a copy to S S also & he must send the proposals - he may wait for some time & if none is recd the matter may be taken up again

7/11

8/11

9/11

20/12/33 BRANCH - 9. NOV.

NOTE—Contn. Sheet.

Report of Mr B. K. Narayana Rao, in connection with his recent visit to some Medical Clinics in Europe

General and Revenue Secretariat | File No. 112 of 1933 | [App. F. III—2

Serial No.

No. G. 4894 dt. 10/1/34

To The Senior Surgeon in Mysore

Requests him to furnish Govt. with his opinion on the proposals made by Mr. B. K. Narayana Rao at para 17 of the report in connection with his visit to Europe

SMS 12/1/34

3

From the Senior Surgeon
Letter No GC 126-1 dated 5-2-1934
Forwards his opinion on the several proposals made by Mr. B. K. Narayana Rao.

Submd for orders, with refce to para 8 & 10. For facility of refce, the proposals made, and the opinion of the Sr Surgeon thereon are tabulated in the statement put up.

Flag K

BSR 13-2-34

Submd with a SM and notes against each item thereof for orders — Dewan's Minute dtd yesterday this is one of the subjects. The other subjects [illegible] being dealt with and a separate note will be submitted next week.

SM 23/2/34

Gen: Secy) vide remarks on statement

JM Member)

IPM 24/2 26/2

NOTE—Contn. Sheet.

WD 0434—GPB—15,000—12-10-33

DEV 2500.
16. OCT 1933

MD 112-33-1

REPORT ON A VISIT TO THE VARIOUS MEDICAL CLINICS OF EUROPE

BY

B.K.NARAYANA RAO, Superintendent, Minto.Ophthalmic Hospital, and Principal, Medical School, Bangalore.

****

Submitted

to

Amin-ul-Mulk Sir Mirza M.Ismail, Kt.,C.I.E.,O.B.E.,

Dewan of Mysore,

for favour of perusal.

****** Yr. Hs

Y. Hs for perusal. MD 14-10-33

REPORT ON A VISIT TO THE VARIOUS MEDICAL CLINICS OF EUROPE

BY

B.K.NARAYANA RAO, Superintendent, Minto Ophthalmic Hospital, and Principal, Medical School, Bangalore.

****

The Dewan Sahib had been suggesting to me for the last two years to visit the various European Medical Clinics and personally study the recent advances in Medical knowledge; and with his kindly encouragement and the help of the Government I spent a period of four months in visits to most of the well known Ophthalmic centres in Europe as well as to other institutions of medical interest. I had opportunities of personal exchange of ideas and experiences with many famous professors and surgeons who were all uniformly very courteous and obliging. I was able to attend two Ophthalmic Conferences as well as the Empire Social Hygiene Congress and came in contact with many workers in the field of Medicine.

2. INSTITUTIONS VISITED.

I visited the following institutions--some on only a single occasion lasting for a few hours while in a few of the most famous I spent several days. In institutions at Berlin, Prague and Vienna I spent 8, 7, and 22 days respectively. Swiss Clinics occupied 8 days, Paris 7 days and institutions in other places occupied me from one to three days. English Hospitals occupied the rest of my time.

Institutions.

1. Hotel Dieu Marseilles--General Hospital with several sections. Total 1200 beds.

2. Royal London Ophthalmic Hospital, London (Moorfields) - the most famous eye hospital in the British Empire.

3. Spinoza clinic, Amsterdam--A private Ophthalmic Hospital of 12 beds. Director Dr. Wibout, formerly Secretary to the International Congress of Ophthalmology.

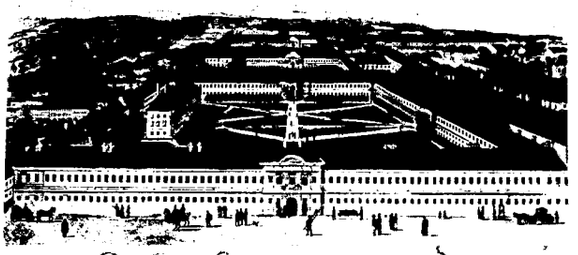
4. University Augenklinik, Amsterdam	Director, Professor Zeemann. Has 80 beds and well equipped Pathological and experimental Physiology laboratories. Forms part of a University Hospital of about 1500 beds.
5. University Augenklinik, Berlin.	Director Professor Kruckmann. 80 beds and about 100 out-patients daily. Has several laboratories and is full of diagnostic instruments of all kinds.
6. University Augenklinik The Charite, Berlin.	70 beds. Professor Meesmann.
7. Rudolf Virchow Krankenhaus Augenklinik, Berlin	A very big Hospital of about 2700 beds having several blocks. The Ophthalmic Section has 90 beds. Director Dr. Beyer. The common services as nursing, sanitation, diet, and transport are excellently arranged and function smoothly in spite of the largeness of the institution and an extensive area.
8. Geh: Rat Silex Clinic and Kriegs Blindenschule Berlin	Director Frau Betty Hirsch. Is a training institution for adult blind specially developed after the War. Teaches the comparatively educated adult blind, typing, shorthand, Book-binding, and other occupations.
9. University Augenklinik Prag., Czecko-Slovakia	Professors Elschnig and Kubik. 100 beds and a large O.P. attendance. Buildings old and not quite up to the standard of some other hospitals.

	Work of the highest degree of excellence. Splendid equipment and very well arranged lecture rooms.
10. Hajek Clinik, Vienna.	Famous nose and throat clinic in Vienna.
11. University Augenklinik Vienna.	Professor Meller. Pathological Laboratory attached to the clinic is large and excellent. Has a small museum of historic eye instruments.
12. University Augenklinik Vienna.	Professor Lindner. Very rich surgical instrumental equipment. Trachoma treatment a speciality.
13. Wienstadt Krankenhaus, Vienna.	Director Professor Pillat. Is an up-to-date Hospital of 1600 beds. Eye clinic has 120 beds and is very well equipped. Operation rooms both general and special are well constructed and appointed. X-Rays much used in Ocular Therapy.
14. University Augenklinik of Prof.Fuchs, Vienna	Comparatively small clinic. Has a splendid collection of pathological specimens of late Prof. E.Fuchs, father of the present professor.
15. Pathological Department of Frauen Klinik, Vienna.	Professor Frankl is the Pathologist and is a well known Endocrinologist. Methods of specimen preservation are very good. Plaster models are noteworthy. Pathological Museum contains some fine rare specimens.
16. Surgical Clinic of Prof Ranzi, Vienna.	Is very popular with post graduates.

17. Public and Medical baths, Vienna	A most famous institution in Europe where all kinds of baths are provided. There are provided also Ultra Violet Ray treatment, Heliotherapy, Electric Massage, etc., for patients.
18. Kinderubernahmsstelle Vienna	A child welfare institution - enormous in magnitude, unique in its methods - and unrivalled in Europe for its splendid results. A combination of orphanage, hospital, school and welfare centre.
19. University Eye Clinics, No.I, and No.II, Budapest.	Professors Emil Grosz and Blaskovics; 140 and 80 beds respectively. Large numbers of industrial accidents of the eye treated. Pathological Laboratory is very good.
20. University Eye Clinic, Munich, Germany.	Professors Wesseley and Passau. Is a large eye hospital of 170 beds with up-to-date arrangements. Babies wards and childrens wards are specially good. O.T. is spacious and well equipped. There are several attached laboratories, pathological, biochemical and for experimental physiology all exclusively for eye work. Use of X-Rays, Ultra Violet Rays and specialised photography are much in evidence.
21. University Surgical Clinic Munich, Germany.	Professor Lexer. Orthopaedic Surgery a speciality. Anaesthesias of various types.
22. University Augenklinik, Zurich, Switzerland	Professor Vogt. About 100 beds. Pathological and research laboratories are noteworthy. Some unusual methods

	methods of section cutting and specimen preservation.
23. General Hospital, Samaden, Switzerland	Director Dr. Ruppaner. 200 beds. Infectious diseases block is built on up-to-date scientific lines and is very elegant and well equipped and ensures thorough isolation and all comforts.
24. Hospital Bijou, Paris	A very small old eye hospital of 6 beds.
25. University Eye Clinic, Hotel Dieu, Paris.	About 100 beds. Forms a section of a big University Hospital. Prof. Terrien, the senior University Professor, is the Director.
26. Hospital Tenon, Paris.	Eye Hospital of 30 beds. Professor Magitot of Paris University is the Director. Pathological laboratory very good. Trachoma treatment by body injections.
27. Hospital De Rothschild Paris.	Eye Hospital of 50 beds. Director Professor Mawas. Good O.T. and pathological, chemical and research laboratories. New trachoma treatment by Jacobsons' solution.
28. St. Marks Hospital, for Diseases of the Rectum, London.	Staffed by several of the most famous English specialists. Diagnostic methods excellent and thorough and treatment by injections for piles, Fissures, etc., noteworthy.
29. Royal Masonic Hospital Ravenscourt Park, London..	The most up-to-date in hospital construction and equipment. Ward fittings, sanitary arrangements, kitchens are all of the most luxurious and efficient type.

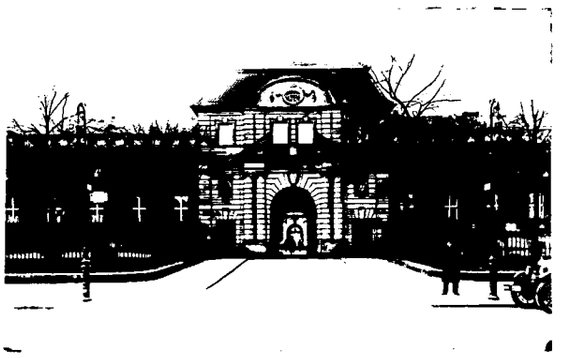
30. Wiseman's Lens Factory Alperton Surrey, England.	Process of manufacturing spectacle lenses on a large scale. Its industrial diseases and accidents.
31. Psychological clinik, Tavistock Sq. London	An institution for psychotherapy and treatment of certain nervous complaints.
32. Venerial clinic, St. Thomas Hospital, London	Director Col. Harrison. A very efficiently and economically conducted model venerial clinic.
33. University Augenklinik Lausanne, Switzerland	45 beds. Director Professor Gonin. Was under repairs and had few patients at the time of visit.
34. Hospital De Rothschild Geneva.	Eye Hospital of 35 beds. Excellent library.
35. Tuberculosis sanatorium, Leysin, Switzerland	Numerous buildings of varying size accommodating a total of 3600 patients. All surgical and medical treatments for lung and other tuberculosis. Workshops for convalescents a speciality. A world famous tuberculosis sanatorium.
36. Pio Institute Oftalmico, Milan, Italy.	University eye clinic of about 45 beds. Director Professor Vallaro. Much research and animal experiments being done. Plastic eye surgery is a speciality.
37. Ospedale Oftalmico, Venice, Italy.	80 beds. Director Professor Mamooli. Trachoma treatment a speciality.
38. Glassware Factory, Veniee, Italy.	A large factory turning out artistic glass ware. Incidence of glass blowers cataract and industrial



1. Allgemeine Krankenhaus

(General Hospital)

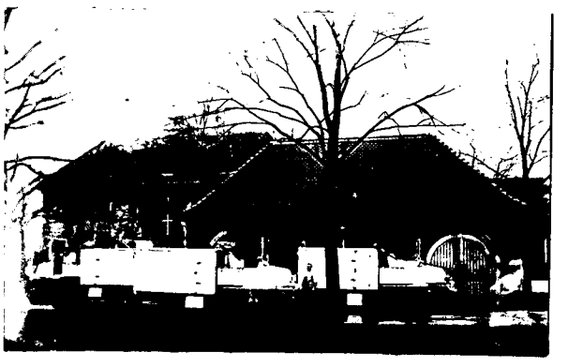
VIENNA.



2. Rudolf Virchow Krankenhaus,

B E R L I N.

Main Entrance.



3. Rudolf Virchow Krankenhaus,

B E R L I N.

'Distribution of linen and food.'

blindness less than that reported from from England and Japan. Preventive and protective measures employed.

3. HOSPITAL BUILDINGS AND WARD EQUIPMENT.

Though hospital buildings have to depend largely for their style, pattern, and internal plan, on the climate of a country and on the social needs of the community, yet a few points were noteworthy, as useful to us. Many eye hospitals had a children's ward with a small isolation ward as an annexe to it. Often they were models of neatness and picturesqueness and the one at Munich was the best of them. Every general hospital had has its isolation block and the one attached to the General Hospital at Samaden in the Swiss mountains is an iddal one for the purpose. It consists of 3 stories with 12 beds in each. Each story has its own dressing rooms, baths, Nurses' rooms, utensils and there is no chance of mixing up anything of the one story with that of another. One floor is mainly for measles, one for Diphtheria and one for Scarlet Fever, the three most common infectious diseases there. Other infectious diseasex cases when they come are fitted into a room in any suitable floor. Marble is used everywhere and every place is kept scruplously clean.

The operation rooms of the surgical clinics at the Wienstadt Hospital at Vienna and that at the University surgical clinic at Munich are models of economy and convenience. They are on one side of a wide corridor separating them from wards for operation cases on the opposite side and are so arranged as to provide every convenience for all purposes and put the least strain on patients in their movements.

The recently opened Royal Freemason Hospital at Ravenscourt Park, London, is the acme of up-to-date luxurious hospital construction and equipment. At the suggestion of the Dewan Sahib, Chief Secretary Mr. N. Madhava Rao, and myself visited the institution and were shown round by the Secretary of the Hospital.

Thew Hospital is meant to provide for about 200 beds and has cost £.335000. Every detail in regard to rooms, furniture, sanitary fittings and lighting is worked out to give the maximum of assurance and comfort to the patient while securing the maximum of cleanliness and efficiency of the hospital. There are two operating suites consisting of anaesthetic rooms, operating theatres and sterilizing rooms, and in between the two groups of operating theatres are placed a plaster cast theatre and an X-Ray theatre. Common to these operating theatre groups are suites of rooms for the surgeons, theatre sisters, etc. Arrangements for quick removal of soiled dressings and their automatic incineration are excellent. The kitchens are models of the kind and are provided with gas, electricity and steam for cooking. Labour saving appliances like electric potato-peelers, meat-mincers, bread-cutters, sausage-makers are used everywhere. Vessels are all made of a patent metal called by the tradename of 'Stay bright.' Next to the kitchens there are refrigerator rooms for preserving food, fruit, and vegetables. Secretary Mr. Thorpe has offered to give us his experience of various new materials used in construction and give us every information whenever we want it.

In the hospitals at Budapest and other places I found many wards lighted by reflexions from ceiling and having blue or green shades. This appeared to be a great improvement on ordinary lighting--especially in eye hospitals.

In many hospitals all the special ward beds and in some hospitals all the beds had been provided with radio receiver sets.

4. LABORATORIES AND RESEARCH.

Every Ophthalmic hospital and every ophthalmic department of a general hospital had its own pathological laboratory. In some institutions it was an up-to-date well equipped adjunct capable of undertaking ~~xx~~ every kind of pathological and bacteriological work in c onnection with ophthalmology. Many ophthalmic clinics had biochemical and experimental physiology laboratories in addition, with rooms for keeping experimental animals (rabbits, guinea pigs, ~~xxxxxxxx~~

and mice). Professor Zeemann's laboratory at Amsterdam and Professor Wessely's at Munich ~~laboratory~~ and that of Professor Meller at Vienna are very noteworthy. Research work is being done in all these laboratories in addition to the routine hospital service. For example in Zurich the effects of U.V.Rays on tissues of the eye are being studied. In Munich, measurements of anterior chamber of eye under experimental conditions are being made. In Paris guinea pigs' eyes are being infected with Diphtheria Toxin and the effect of a new preparation "Jacobson's solution" by intra-muscular injection is being observed. In Milan, Professor Vallaro is experimenting on the effects on the eye of various chemical substances injected into the blood stream of animals. In London at the Moorfields Eye Hospital, allergy tests are being extensively made in certain eye diseases. In fact, every reputed clinic has one or two problems on hand on which experimental work is continuously going on in its Biochemical , Physical and Physiological Laboratories. This state of things is not peculiar to eye clinics. Similar work is being done in most of the surgical and medical clinics.

It is extremely important that our main hospitals should have such laboratories, and trained hands to work in them. Without such Laboratory help our work can never attain the high quality of many western institutions. In fact the amount of work done in these laboratories is a measure of the aliveness of our institutions.

5. EQUIPMENT.

In the matter of provision of scientific instruments for diagnosis and treatment the English and Continental hospitals are far ahead of us. The German and Austrian clinics though suffering badly from reduced grants have not stinted in this matter. Energy saving conveniences like table telephones, call bells or signals, adequate gas and water supply in every room, are common in every institution. Common diagnostic instruments like the Sphygmomanometer (for Blood-pressure), the microscope, Tenometer Ophthalmoscope, Astygmometer, and even the slit lamp Biomicroscope are not single as in our institutions but many even in comparatively

small hospitals. For example, in the University Augenklinik Berlin with 80 beds and a daily O.P. attendance of about 100 patients there were 5 slit lamp ~~oneis~~ microscopes, 4 perimeters, 3 keratometers and other diagnostic instruments in the same proportion, while we with 125 beds and 300 O.P. attendance have but one of each. In some Continental hospitals I saw an assistant having at hand 30 or 40 previously sterilised hypodermic syringes and using them one after another to give injections to a series of patients and not wasting his time watching a syringe boiling in between injections. It is a frequent experience with us that patients go from the Victoria to the Minto and vice versa to have their B.P. taken because the only instrument at one institution or another is "out of order" and often remains so for long periods of time. All over Europe I observed that practically every case of disease of the rectum, bladder, or urethra was examined by the Proctoscope, cystoscope, or urethroscope, periodical observations made and accurate and complete records kept. No doubt we also possess specimens of these and other diagnostic instruments but more often than not, they are jealously guarded against both breakages and use.

There is a goodly bit of lethargy [illegible] in human nature and perhaps we have a greater share of it in our make up. If in addition to this handicap, material conveniences are not readily available in adequate quantity there will be no inducement to utilise all the most useful diagnostic methods for the patients' benefit and consequently work suffers in quality.

Further, spare parts are not readily available and repairs cannot be easily effected in our country and so the case for liberal supply of these instruments is all the stronger.

Some years ago, a representation was made to Government by both the Victoria and Minto Hospitals that they should be assured of a definite recurring annual grant (however limited) for gradual replacement of old instruments and buying of newer instruments--as is being done in all the big hospitals in British

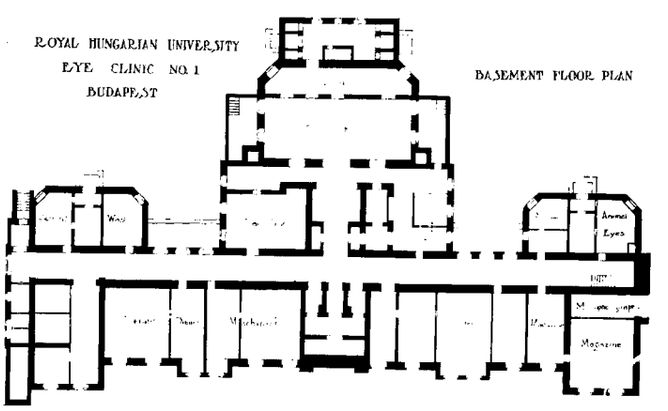
4. The Charite, Berlin.

Entrance.

5. The Charite, Berlin.

Interior of a

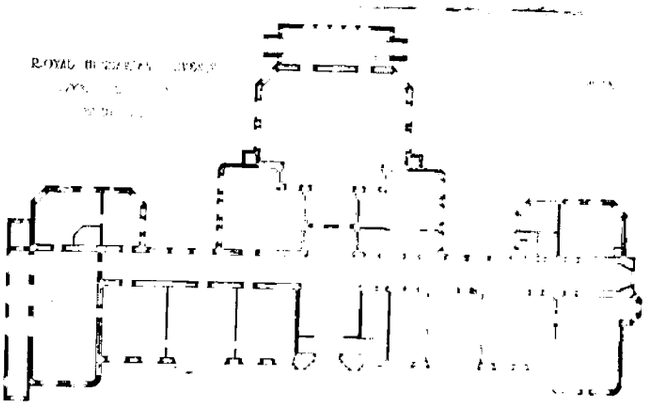
ward.



6. Royal Hungarian University.

Eyeclinic No.1.

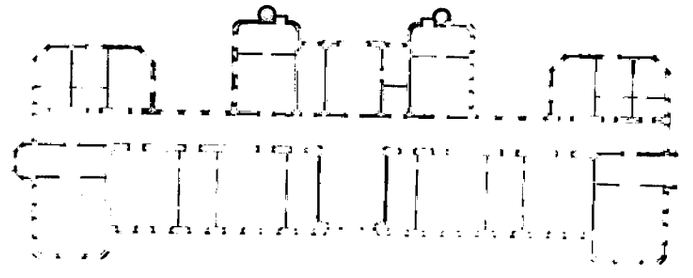
BUDAPEST.



7. Royal Hungarian University,

Eyeclinic No.1.

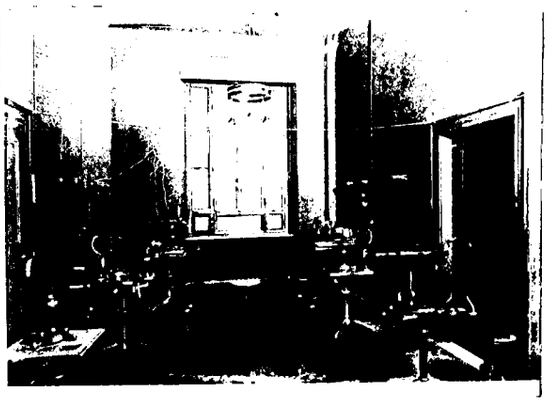
BUDAPEST.



8. Royal Hungarian University,

Eyeclinic No.1.

BUDAPEST.



9. University Eyeclinic, MUNICH.

One of the Dark Rooms.

India. In our present practice, there is no certainty of getting any-thing however urgent. For a number of years practically nothing may be sanctioned because the demands for quinine in the malnad or of Haffkine's vaccine in plague stricken areas are deservingly more urgent, then all of a sudden we may have a rare and refreshing sanction of funds because pressure elsewhere has eased. Replacement at least partially of this fitful practice with that of a minimum annual grant and supplemental grants when funds permit would result in better equipment to the bigger hospitals and presumably better quality service in them.

6. LIBRARIES.

Most of the hospitals in Europe have a good library. The German and Swiss institutions appeared to me particularly well equipped. These hospital libraries consist mainly of collection of serial transactions of learned societies, and of reputed scientific journals in all the main European languages. They form the main store-house of information for the junior workers in their research activities. We have also small libraries, but they mostly consist of English text books for students which are out of place for post graduate work. A liberal initial grant for buying sets of this type of literature and a recurring small annual grant for buying the journals and continuing the series would be very valuable in stimulating study and research.

7. HOSPITAL STAFF.

As the system of hospital relief is peculiar to each country and is a growth of its social circumstances and traditions, no useful comparision can be made between our system of medical staff recruitment and those obtaining in England and on the Continent. In England, the superior staff of most of the Hospitals are honorary, while on the Continent they are either part time paid or fully paid men. In England, hospital service is reserved for the poor--a few of the middle class being admitted to hospitals under certain conditions on payment. On the Continent practice differs in different places. In Swiss Hospitals every patient is charged at least a minimum daily fee (in two big general hospitals

it was 7 Swiss Francs daily = about 8 shillings at present) and the sum is compulsorily collected from either the patient or his sickness insurance fund or his employers and in the last instance from the commune (municipal or revenue area) to which he belongs (the last being somewhat similar to what was being done here in the case of antirabic treatment at Coonoor). While in England the idea of charity to the poor, voluntary professional service of the doctors and voluntary social ancillary service by laymen in the form of Hospital Committees of various types are quite common, in some of the welfare treatment institutions of Vienna with its socialistic controlling municipality, any idea suggestive of charity is resented and every man, woman, and child is regarded as entitled to all the conveniences of these institutions to maintain which the rich are taxed heavily.

All over Europe the menial staff of the Hospitals corresponding to our ward attendants are trained and skilled workers and are paid correspondingly better wages than unskilled labourers. They are generally intelligent and well skilled and much of hospital efficiency is due to them. So long as we continue to pay our ward attendants wages no higher than that commanded by coolies doing the simpliest kind of unskilled labour in the neighbourhood, we cannot expect to recruit and retain intelligent and honest men and women for long. And yet numerous are the complaints that these very ill-paid uneducated and untrained men and women do not always exhibit great courtesy, good manners, perfect integrity and all the other great qualities of education and culture, and that sufficient 'supervision' is not exercised over them!! It is due to the community at large generally and to its suffering part in particular that the wages of these workers should be so raised as to enable us to recruit a more intelligent set of people whom could be trained to skilled work and whose services could be kept continuously.

8. LABORANTINES.

Ax Very valuable and useful institution that I saw in Germany and Switzerland is the system of Laborantines in Hospitals. Women with a good general education not inferior to our Matric

standard, and who have studied Physics and Chemistry are given a course of training for two years in laboratory work, emphasis being laid on practical work. I understand that a similar institution is functioning in American hospitals also. These Laborantines are attached to Pathological ~~xx~~ and Biochemical laboratories, X-Ray Department, U-V Ray Therapy and so on. They do the chemical analysis of blood, urine and pathological fluids, cut and stain sections, mount specimens, take photographs, give ultra Violet and other ray therapy, and often do X-Ray work. ~~Xxxxxxxxxxx, Xxxxx xxxxxx~~ They take intelligent notes, make drawings, collect references, tabulate findings and file records. In one clinic, I saw several exceedingly good photographs of Fundus of the eye taken with the Nordelsohn Camera--an instrument which previously I had considered as an expensive and showy toy and of whose usefulness in skilled hands I am now surprised and convinced agreeably. These Laborantines are generally put, as regards pay, on a par with nurses and some of them are resident in Hospitals while others are not. I was informed that the training and service is open only to women as it was the experience of many that women were much better suited to this work and their results were even more dependable regarding accuracy. There are several schools for training these Laborantines of which those at Bern and Geneva in Switzerland and that at Leipzig in Germany are highly spoken of. The following are the subjects of study and practical work at the "Ecole De Laborantines" at Geneva:--

A. Courses (at the School of Social Sciences).

1. Anatomy and Physiology
2. Chemistry
3. Microscopy.
4.
5. Stenography
6. Drawing
7. Correspondence etc.

B. Laboratory work

I (a) Use of the Microscope.

10. University Eyeclinic, MUNICH.

X-Ray Room.

11. University Eyeclinic, MUNICH.

Children's Ward.

12. University Eyeclinic, MUNICH.

Children's Dining Room.

(b) Preparation of Microscope specimens.
Fixing of tissues and embedding them in paraffin, Celloidin etc., and cutting sections with a microtome.

Staining with various stains and also metallic impregnations.

Micro-chemical work.

Mounting in Glycerine, Canada balsam etc.

II. Lectures and practical work in

Biochemical work.

Analysis of Urine, Faeces, Blood, Cerebrospinal fluid, and Pathological fluids of the body.

Serology.

Colloidal reactions.

III. Elements of Bacteriology

Staining substances

Methods of staining, Cultures, sera, Vaccines etc.

IV. Manipulations, - Photography, Radioscopy, Radiotherapy, Photo-Therapy, etc.

A few eligible educated women trained for this work with suitable modifications in the curriculum to serve local needs would be an invaluable asset to our main hospitals. At present, a highly qualified medical man working as a Pathologist or Radiologist wastes ¾ of his time on work which could be quite as effeciently done by trained non-medical assistants. Further, medical assistants like ~~S.A.S.~~ Sub-Asst-Surgeons whenever they are posted to this work naturally are dissatisfied at the routine nature of this work and comparative loss of private practice. I think there will be less reluctance on the part of even better class Indian ladies to take up this training than they show towards general nursing.

9. ALMONERS.

The system of Almoners is a postwar institution peculiar to the English Hospital system. I saw no counterpart of it in Continental Hospitals. In the beginning, the almoners were mainly concerned with collecting money from patients who were capable of

contributing something to the Hospital; but gradually they have proved their capacity and worth in so many ways that they are now considered an invaluable and necessary adjunct to every hospital. They have increased the income of hospitals by a more thorough yet sympathetic scrutiny of income of patients, and by appealing to the public in various ways for contribution in coin and kind. They have done a great deal of welfare work by arranging for stay of convalescents in suitable institutions, by putting patients in touch with employment agencies, by arranging for the keep of children when mothers are detained in hospitals, and so on--in various ways that it has now come to be realised in England that to complete the curative work of a hospital to a useful permanancy, this type of welfare work is absolutely necessary. For example, to the Royal London Ophthalmic Hospital (Moorfields) is attached a convalescent home for children situated in the country and supervised by the almoners of the hospital. Similarly there are institutions attached to other hospitals.

These Almoners are all highly educated ladies (many of them are University B.A.'s, and M.A.'s) who have undergone a specialised course of practical training for two years, part of which they are exempted from if they possess the London University Diploma is Social Sciences.

The General Aim of the work of the Hospital Almoners is "Cooperation with the medical, nursing and administrative staff for the welfare of the patient."

Their duties are:--

1. To ensure as far as possible that all patients shall benefit to the full by the treatment prescribed.
2. To act as a link between the Hospital and outside agencies, State or voluntary.
3. To acquire a knowledge of the patient's circumstances and home conditions, for the use of the Medical Staff.

13. University Eyeclinic, MUNICH.

Children's Playing Room.

14. Silex Clinic and School
for
War-blinded.

Typing Work.

15. Silex Clinic and School
for
War-blinded.

Typing Work.

4. To organise the after-care of the patient on discharge.
5. To check abuse of the Hospital by patients who are (a) in a position to pay for private treatment, (b) entitled to the services of a panel doctor and not requiring special hospital treatment, (c) unable to benefit by any assistance other than that obtainable through the Public Assistance Authorities.
6. To assess the patients and collect their contributions towards treatment, if required to do so by the Hospital authorities.

Though it is very advisable that the kind of work done by these Almoners in England should be done by some body or other in our institutions, yet, considering the peculiarities of our society and the scarcity of Philanthropic welfare institutions, I doubt, if whole time Almoners can be usefully employed by us. Anyhow I interviewed Mrs. R.Wyatt, Secretary of the Institute of Almoners of Great Britain and was agreeable surprised to find some correspondence with her about the subject received from Mysore some years ago--probably initiated by Sir Charles Tedhunter. She has kindly promised to help us with literature and also help us towards the training of any lady we might care to send at any time in the future.

10. RECORDS AND STATISTICS.

Case records are completely and correctly kept in every hospital. In many clinics, notes on examination of cases were taken down in sherthand by specially trained nurses and typed into longhand later in the day, and added to the case records of the patients concerned. These files of all patients both indoor and outdoor with notes on every point of diagnosis and treatment--with photographs, radiograms, temparature charts, drawings etc., are preserved in a special room with an index guide for nearly 30 years and if a patient happened to visit the hospital at any subsequent occasion, the old records are taken out, scrutinised and summaries of them entered in the new case sheet. With the

With the large number of outpatients x that we have and the hopeless inadequacy of trained staff it is impossible to xx do this case recording even tolerably well for most cases. It is being done for in-patients though there is room for much improvement even in this. Some of the more complicated out patients' cases also require to be recorded in a thorough manner. The employment in all our main hospitals of special clerks (called Ticket writers) as in the Minto Hospital but of a better type and the appointment of a registrar from among the staff with a small allowance for this additional arduous duty--would perhaps to some extent facilitate the keeping of case records and their eventual use in drawing useful conclusions of our clinical experience.

11. OPERATIONS.

I had opportunities of witnessing and x taking part in many operations at different clinics. Of the bigger operations, three were entirely new proceedures (1) for detachment of Retina by Sefar of Vienna and (2) Dacryocystorhinostomy--by the improved method of Dupuy-Dutemps of Paris. (3) Transplantation of Cornea by Elschnig of Prague. Methods of operating for cataract and Glaucoma differed in detail in many clinics and one of the operations for Glaucoma namely Cyclodialysis as practised at Berlin, Prague and Vienna deserves to be tried by us in larger numbers. We had tried it in a few cases and considered it unsuitable but I found our method was not quite correct in detail. Professor Elsching's (Prague) operations for cataract and for squint are well known and I saw many cases done at his clinic. He is a very neat operater and in spite of an old operation room and not ever clean surroundings achieves excellent results. Similar is the case in the clinics of Professors Meller and Lindner in Vienna. Important as clean surroundings are, even more so is operative quickness and neatness to secure good results. This was brought home to me again and again in many Continental clinics both Ophthalmic and Surgical. While a good many have operation theatres of the same level of cleanliness, tidiness, and equipment

as the best of English Hospitals, still there are a few very much wanting in these respects and yet achieving most noteworthy results because of their excellance in operative technique.

Professors Sauer-Brook of Berlin, Ranzi of Vienna and Lexer of Munich are all general surgeons of international repute and their operations are models of neatness of preceedure with least injury to the tissues.

Orthopaedic Surgery seems to be a famous speciality in Berlin and Munich and I saw some cases of exceedingly good operative results and fitting of excellent artificial limbs. Herr Beidermann, the mechanic attached to the Sauer Brook clinic in Berlin showed me numerous orders accompanied by plaster casts for artificial limbs from all over the world.

Professor Vallaro of the Eye Clinic of the University of Milan is particularly good at plastic Surgery of the eye and its neighbourhood. I saw several operations for forming new eyelids, brows, removing deformities like epicanthus, colobema of lid forming new sockets for artificial eyes and so on. The cases in which these operations were done were those of Congenital defects, gunshot and other injuries, Cicatrices of burns, deformities after removal of tissues for cancers and after loss of tissues in lupus and syphilis. Plastic surgery has of late years especially after the war risen to a speciality. I saw several cases of newly formed noses, lips and removal of various facial deformities by operation at the surgical clinics of Budapest andBerlin.

One peculiarity common to most European eye clinics is the unnecessary (as it appears to me) elaborateness of ritual before and during operations. Many things are done in Intra-Ocular operations to make them safer--such as Akinesia of lids, facial block, retrobulbar injection, lid suture, conjunctival suture--many of which are superfluous in the majority of cases. Where there are numerous highly trained assistants and the number

of operations is small, such elaborateness may not be inconvenient and may even be somewhat valuable; but where trained men are few and operations are many, foolproof methods and a minimum of interference are best. Our methods may perhaps form a happy medium between the elaborateness of these surgeons and the rigid risky simplicity of other clinics.

Among local Anaesthetics Psicaine is commonly used in Berlin. Panthesine (Sandoz) was highly spoken of by some English Surgeons. Evipan (Sodium) is a new drug that is being used extensively in the German, Czeck and Austrian Clinics to induce general Anaesthesia of short duration. It is injected in solution into a vein and the patient loses consciousness in about a minute and this lasts for about 20 minutes. It is suitable only for certain types of operations as muscular relaxation is not complete. This Anaesthetic is reputed to be safe and is manufactured by Messrs. Beyer Meister Lucius. Avertin rectal Anaesthesia is also faily common in Germany and Austria. Dr. Van Allen, Professor of Surgery at the Peiping (Old Peking) University, China, to whom I was introduced by the Dewan Sahib, mentioned to me that Vanyl-Ether was being used in some American Hospitals as being superior in some respects to the ordinary Ethyl Ether that is being commonly used. Professor Leake of America is, it seems, its chief protogonist and a discussion regarding the value of this new Anaesthetic will be held at the next annual meeting of the American College of Surgeons in October.

12. UNIVERSITY COURSES AND POST-GRADUATE WORK.

There is a considerable difference in the arrangement of the courses of study for the primary medical degrees between the English Universities and those on the Continent. While the general trend of the Medical curriculum is to produce a good practitioner in England it is to produce a research student in Germany and the German Language Universities of Austria and Switzerland. The traditions of Medical education were different in these countries. As Flexner says in his treatise on 'Medical Education', "The French Universities do, therefore, as institutions, little to encourage or develop medical thinkers. A man works, not because, being a university

professor, he is assumed to be a productive scientist, but because, as a matter of personal interest, he cares to do so." "The English type of school did not in the course of the nineteenth century differ materially from the French, even though the French was in name a University faculty, while in England the medical school was prac-tically independent. Both alike were pathological-clinical schools." "The German University, during the same period, gave as much emphasis to research as to teaching; indeed, eminence in investigation became the accepted basis of promotion as university teacher. The German professor was not simply a teacher, perfunctory or efficient, communicating his lore or his technique to successive groups of students, who in due course became practitioners of medicine. He was a master, impregnated with scientific ideals by prolonged training in scholarship and science, who surrounded himself with devoted disciples, serving with enthusiasm long years as students, assistants or PRIVAT-DOCENTS, on incomes hardly enough to sustain life. Thus the great masters in every field formed schools of thought, stable enough to work out ideas--occasionally, so stable as to become temporarily obstacles to progress."

Taking into consideration the recent changes in the English system, the balanced English training with the discipline of intervening medical examinations is--perhaps--the best and we have done well in the following this model. As regards post-graduate medical studies there are some aspects in the Continental clinics which are really valuable. Our medical graduates go to Great Britain usually to get 'qualified' in some speciality like Surgery, Internal Medicine, Ophthalmology, Tropical Medicine, and so on. Usually they take about one to two years (according to the Diploma) to get the special diplomas of these subjects from one of the Royal College of Physicians or Surgeons. They generally undergo fairly systematic courses of lectures and practical work in laboratories. Some of them may be lucky enough to get a fairly extensive clinical experience but a good many

do not get adequate clinical opportunities, partly owing to large numbers of them crowding into one or two main centres of medical study, like London and Edinburgh. I understand that Indian candidates dread chiefly the clinical examinations in the F.R.C.S. and the M.R.C.P., and other speciality diplomas and I am told that their failures are commonly in these clinical tests. Such of the Indian students who have had some experience as house surgeons, medical officers, lecturers in medical schools and colleges, generally do better if they are scientifically minded students who have not entirely forgotten the basic sciences of Anatomy and Physiology after graduating in Medicine. Thus it seems to me that for state subsidy for purposes of earning these diplomas the most suitable recipients would be distinguished medical graduates who have put in at least 2 or 3 years of good work in the branches of learning which they want to specialise in and not new graduates who have yet to learn the proper evaluation of observations made in profession work. It is only the former that can discriminate between the valuable and the useless in foreign professional work and secure an adequate return for all the trouble and expense that they put themselves and the state to. Further, most of these post-graduates have as a rule scarcely any operative opportunities in England except that of observation from a distance.

In g Germany and Austria, medical men do not become specialists in Surgery or Ophthalmology or Medicine by merely passing a diploma examination. A medical graduate may be allowed to work in a University or other clinic if he is considered by the Director to possess the requisite intellectual attainments and later, if he is certified to have worked satisfactorily in a University clinic and three years without interruption for a period of 2 years in a non-university clinic, he becomes eligible to be styled a specialist in that branch of study in which he has worked. Very often they work 4 to 6 years. Even from the beginning they are gradually given in increasing frequency not only opportunities of diagnostics but also operative opportunities. I met two Indian and a few Chinese students in Berlin, Prague, and Munich who were

were given several opportunities for performing really big operations under supervision.

It needs no stressing that for our officers of some standing the opportunity to visit some of these centres will be an experience both interesting and instructive. For such medical men, when they have to get the best in the shortest time and smallest expense, no single place is so advantageous as Vienna. This for two reasons:--(1) the existence of (1) the excellence of the Viennese clinics & the American Medical Association at Vienna.

The Viennese School of Medicine has inherited a glorious tradition of great clinical research and splendid teaching. In his "Life of Sir William Osler," Harvey Cushing Writes: "As a medical centre, Vienna has had a remarkable career, and her influence particularly on American Medicine has been very great..... But Vienna's influence on American Medicine has not been so much through Skoda and Rokitansky as through the group of brilliant specialists: Neumann in Dermatology; Arlt and Jaegar in Ophthalmology; Schnitzler and Von Schrotter in Laryngology; Gruber and Politzer in Otology. These are the men who have been more than others responsible for the successful development of these specialities in the United States. Austria may well be proud of what Vienna's school has done for the world, and she still maintains a great reputation....."

The American Medical Association of Vienna has done for several years past and is continuing to do a valuable service to all English speaking physicians and surgeons of all nationalities who are seeking postgraduate medical instruction in Vienna.

"The American Medical Association of Vienna is unique in being the only organisation of its kind in Europe, perhaps in the entire world. Association members have reason to be proud of it as the greatest clearinghouse on the Continent for the purveyance of information concerning all post-graduate courses in the field of medicine at the present day. A society of English

English-speaking physicians of the first rank and calibre its avowed purpose is to facilitate and arrange studycourses in all branches and to contract with the most prominent physicians and specialists of the University of Vienna, securing exclusive priority of their services as instructors to American physicians and members of the organisation."

The Association was established in 1904 and was reorganised after the War. "All English-speaking physicians, and graduates of reputable medical schools, who are of good standing in their respective communities are eligible for membership in the American Medical Association of Vienna which seeks to collaborate with the students, physicians, and Viennese professors selecting and arranging courses and planning schedules to meet the needs of the individual. Thus any physician coming to Vienna a total stranger, unacquainted with the German language may be informed as to the proper methods of proceedure and the optional opportunities offered solely to members of the American Medical Association. If his time in Vienna is curtailed, he may, upon the presentation of proper credentials, enroll at once in any of the 300 courses available to our members."

Almost all the professors at Vienna know English and even men who are visitors for short periods are not handicapped by ignorance of the German language.

Similarly, there are arrangements made for post-graduate study at Berlin in Germany and at Budapest in Hungary. In Berlin the Dezentenvereingung, an association of about 200 Professors, Decents and Directors of Hospitals offers great advantages to students for post-graduate work. The Association arranges post-graduate courses in English all the year round. The courses are partly practical and partly theoretical. At Budapest, the Hungarian Medical Post-graduate Committee containing among others representatives from the 5 medical Universities in Hungary arranges for the post-graduate instruction of foreign medical practitioners. The Hungarian Hospitals are well staffed, richly equipped and offer opportunities not much inferior to Vienna or Berlin. Many of the professors of the Hungarian

the Hungarian Royal "Pazmomy Peter" University of Budapest know English.

Facilities in varying degrees exist in several ~~various~~ other university clinics of Germany, Switzerland and Czechoslovakia, but no special arrangements are made for those not knowing the German language.

13. UNIVERSITY LECTURES AND EXAMINATIONS.

I had opportunities of seeing the methods of lecturing in the subjects of Ophthalmology and Surgery at Berlin and Prague. Class lectures were similar to ours but every help in the form of Cinema films, Lantern slides, charts etc., were brought into use. In one of the clinics the amphitheatre for Surgery lecture was quite close to the main operation room of the hospital and had all the arrangements enabling one to convert it into an operation room when necessary. I was informed that while certain portions of the subject of Surgery were being lectured upon the relevent operative procedures were not only illustrated by films and slides but on several occasions a previously prepared patient was actually wheeled in during the course of lecture and an operation performed in the amphitheatre by the surgical staff in view of all the class students. By the courtesy of the professor of Ophthalmology at Prague, the aged and highly respected Professor Elschnig, I addressed the University students for a few minutes.

In Budapest, I was shown the courtesy of being asked to sit with the examiners during some of the practical examinations for the Final Medical Degree Examination (M.D.) which were being held at that time and observe their methods. The oral examination in Surgery was about the same as ours and there was an examination in Ophthalmology in the practice of eye operations. The questions were formidable enough but Professor Emil Groz who is the Senior most Professor in the University seemed to exercise a very benevolent generosity in marking the performances of his students.

In the Hungarian Universities and as I am told in many other Continental Universities, in the examinations in the clinical

subjects ~~subjects~~ of Medicine, Surgery, Ophthalmology, and Midwifery, there is no written examination and there are no question papers to answer. Elaborate and searching examinations are held in the clinical, practical and oral parts of an examination. This is quite in contrast with English practice where written papers form at least as formidable a part of a subject as all the clinical, practical, and Viva Voce put together.

14. SCIENTIFIC AND PROFESSIONAL CONFERENCES.

I was enabled to attend the Empire Social Hygiene Congress at London as a delegate of the Mysore Government and of the Mysore University and the Annual Congress at London of the Ophthalmological Society of the U.K. whose member I am for some years and also the oxford Ophthalmological Congress held at Oxford.

The sixth Imperial Socisl Hygiene Conference was well attended by many delegates from all parts of the Empire and the papers that were read and the dis-cussions that followed were very interesting. Sir Basil Blackett was the general President and there were special chairmen for various discussions. Under the Chairmanship of the Countess of Limerick, ~~there were several papers of the Countess of Limerick~~, there were several papers read and discussions held on the subject of "Changes in the outlook on Prostitution" in which very well known workers like Mrs. C.Neville Rolfe, Dr. Drummond Sheils, M.C. and Rev. A. Fraser of Achimota College took part. The session on the "Problems in the treatment of venerial diseases" and that on "Venerial diseases administration," were presided over by two very famous veneriologists Colonel L.W.Harrison and Mr. David Lees respectively, and many specialists in these subjects from India and elsewhere took part. Professor Julian Huxley guided the discussion on the subject of "Teaching of Biology in Schools" and elsewhere and he seemed to think that Biological teaching can be usefully done and should be undertaken

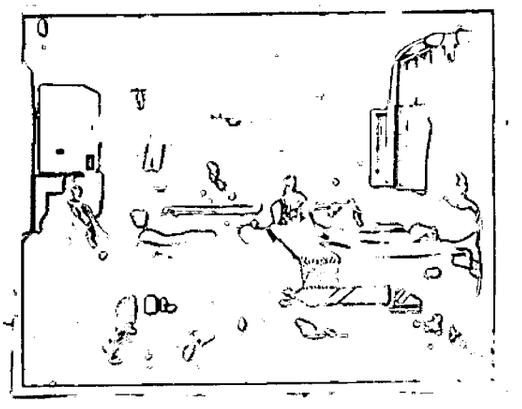
undertaken by means of films and pictures even in countries where the percentage of literacy was low.

Not less interesting were the visits to various medical and educational institutions arranged by the Conference. Among the institutions visited two struck me as particularly interesting--the Psychological clinic at Tavistock Square, London, and the Venerial Clinic at St. Thomas Hospital, London. In the former, the methods of Psycho-Therapy were shown and explained and tabulated results of a number of cases exhibited.

The Venerial clinic of Colonel Harrison at St. Thomas Hospital is a unique one. Colonel Harrison is a genius for organisation, arrangements and efficiency. In a very limited area, he has arranged a splendid set of diagnosis and treatment rooms utilising every inch of floor and wall space and securing orderliness and comfort in movement, privacy to patients and foolproof methods all round. Well equipped, well arranged and well kept, economy seems to be its striking feature. His methods are being copied everywhere. I was informed that the clinic renders service all through day and night with relays of staff.

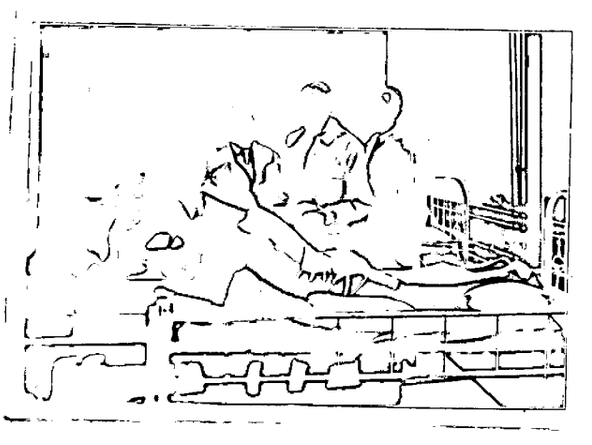
I was lucky in being just in time in London for the Annual Congress of the Ophthalmological Society of the United Kingdom of which I was elected a member some years ago. As usual, there were several learned papers and discussions in some of which I took some part and told them of our experience in this part of India. There was an extremely interesting discussion on certain aspects of heridity and ocular defects and diseases and Professor of Brussels opened the discussion with a paper containing the results of much research work.

The Oxford Ophthalmological Congress held its meetings for three days at Oxford in the early part of July. It was very well attended and besides almost all the leading Ophthalmic Physicians of the United Kingdom there were a few distinguished



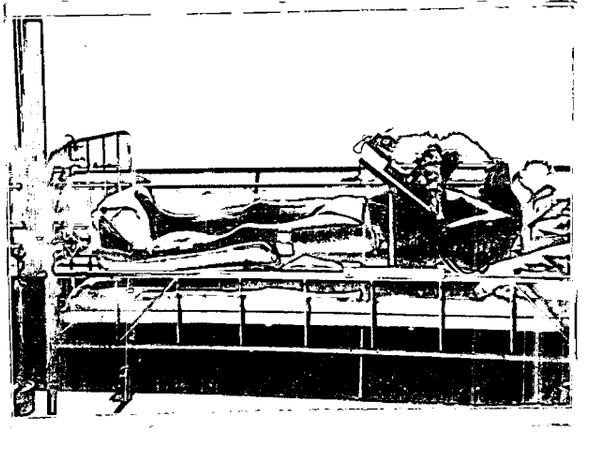
16. Silex Clinic and School for Warblinded.

Hand Work.



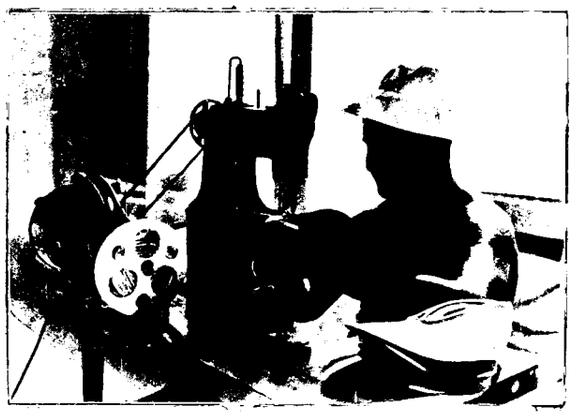
17. Tuberculosis Sanatorium,

Leysin, Switzerland.



18. Tuberculosis Sanatorium,

Leysin, Switzerland.



19. Tuberculosis Sanatorium,

Leysin, Switzerland.

Patients working

20. Tuberculosis Sanatorium,

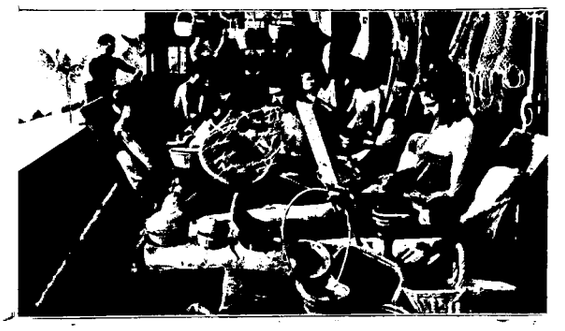
Leysin, Switzerland.

Patients sunbathing and working.

21. Tuberculosis Sanatorium,

Leysin, Switzerland.

Patients working in their beds



22. Tuberculosis Sanatorium,
Leysin, Switzerland. Basket making.

23. Tuberculosis Sanatorium,
Leysin, Switzerland.
Patients' handiwork.

scholars from abroad. Professor Uribe Troncoso of New York explained in detail his comparatively new diagnostic method of Gonioscopy. Professor Holth of Oslo opened a discussion on Glaucoma. There were discussions on the merits of various diagnostic and operative procedures but one could observe the general trend in almost all the discussions of emphasizing the general constitutional aspect in ocular diseases. An ophthalmic surgeon to be a real success, should possess not only a detailed knowledge of his speciality and skill in all its operative and other procedures, but he should also possess and continue to exercise in his speciality the general knowledge of at least an ordinary physician and surgeon. ~~What~~ Want of the former would make him a mere dabbler while want of the latter would degerate him into a machanic. This wider and more scientific outlook, if it replaced the rigid and barren compartmental mentality that is often in evidence nowadays would lead to greater efficiency in many of the specialities of medical practice.

15 MISCELLANEOUS.

Of other institutions visited by me as having a medical or semi-medical interest, the following are noteworthy.

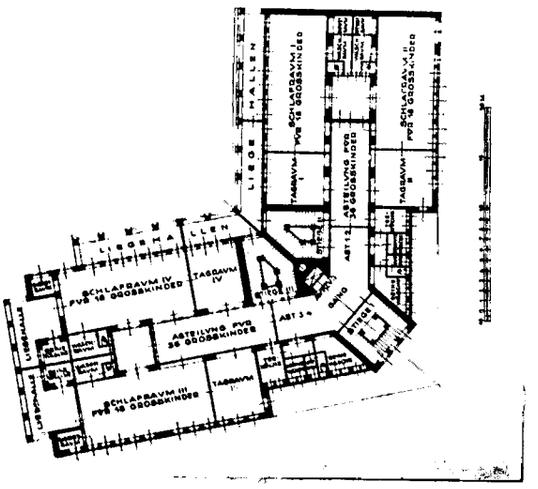
The Tuberculosis Sanatorium at Leysin in Switzerland is one of the best of the kind in the world. It is composed of several buildings situated at different levels in the mountains--anywhere between 3500 to 5000 feet above sea level, and approached by a narrow mountain railway. The total available accomodation is 3600 beds to accomodate all types of Tuberculosis cases both medical and surgical. Dr. Tirumurthy, Professor of Pathology at Vizagpatam, and myself visited two institutions and Dr. Jeanneret ~~assistant~~ Director of Mt Blanc sanatorium showed us over the places and explained their methods in detail. Pneumotherax, Phrenic avulsion, Thoraceplasty and gold compound injections are all being employed here for Pulmonary Tuberculosis. Many cases of undesirable Pleural adhesions are surgically dealt with by the diathermy knife

keeping them in view by the Pleuroscope. This is a very delicate operation requiring considerable experience and great dexterity, and we were shown numerous radiograms showing the permanent improvements following this surgical procedure. We were also shown round an institution which is a work shop for convalescents and chronic cases who can do some work. We saw several people almost naked and having sun baths (heliotherapy) and at the same time doing such work as watch-making, basket-weaving, shoe-making, etc. These patients included many cases of surgical Tuberculosis (bones, joints, etc.). There are several eminent specialists responsible for treatment in this Sanatorium and bulletins are published periodically detailing their experiences.

The Silex clinic and school for war-blinded at Berlin is a well-known institution for training the blind to useful occupations. It was started soon after the War to train the large numbers of adult blinded. A law was also enacted in Germany requiring all factories and workshops and other institutions both state and private to employ at least 2% of their staff from War disabled persons. The blinded young men--many of them from Universities and technical schools--were trained to various useful occupations such as stenographers, masseurs, typists, book-binders, postal stampers etc. The institution has done very useful service to the people and the state, but just now seems to be suffering badly owing to political events in the country, especially as its founder and director was a blind lady, Frau Betty Hirsch of Jewish faith. While we have provision for training the juvenile blind to some useful work in life, we have no relief to give to those who by accident or disease become incurably blinded in adult age with a fairly long lease of life in front of them. The type of training necessary for such is quite different. These are not a negligible number and are likely to increase with our intensified industrial activities; in fact within the last 4 years, I had to advise 3 University young men of the B.A., & B.Sc. classes besides several other educated adults

who had become blinded by accident or disease.

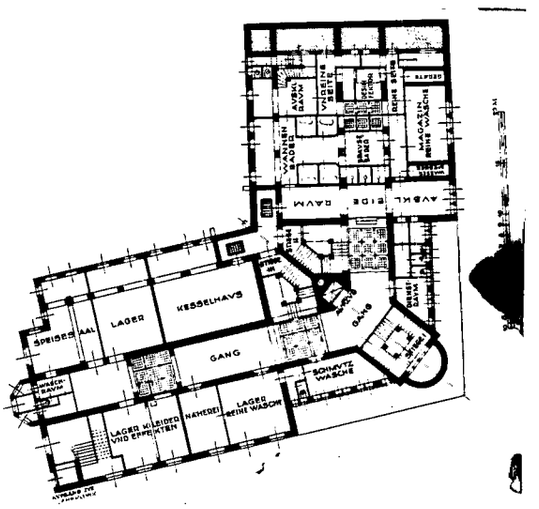
A remarkable institution for welfare work of children and juvenile was the "Children's Home" in Vienna. Vienna occupies a peculiar position in the Austrian State--somewhat similar to Dehli--its controlling authority functioningas a municipal council, Provincial Board and also as a supreme legislature for the City, only the power of a conditional Veto being vested in the Chancellor. When we remember that Vienna possesses about 40% of the total population of Austria, the power and influence of its controlling authority becomes obvious. For the last several years it is socialistic in composition and I am told that it has given the greatest attention to the welfare institutions. By the hospitality of a lady of influence, wife of a former Vice President, I was enabled to see the detailed working of this "Children's Home" as well as of several other Municipal Institutions such as maternities, public baths, labourers' houses, garden allotments, kindergartens etc. This "Children's Home" with its subsidiary institutions is a nursery, hospital, school, and home etc. all combined. Babies from a few hours old to boys and girls up to 14 years are admitted. Exposed or abandoned babies, orphan babies and children, children whose parents have been declared by courts unfit to bring them up, children surrendered by parents by inability for bringing up, vagrant boys and girls, young delinquents sent by courts--all these and several others get admittance. The institution also serves as a temporary home for short or long duration for children whose parents are suffering acutely from unemployment, where the mother is admitted into a hospital for treatment, where the home is temporarily broken up by imprisonment of father or mother--and other similar contingencies. Every child on admission is bathed, dressed, and kept in quarantine for a few days and later according to age and circumstances, sent to a babies' nursery, children's home, or boarding school. There are several hundred of these institutions--all registered by the state and under the control of this central institution. From these children's homes, boys and girls attend specified schools. There are regular visits



24. Children's Institution,

V I E N N A.

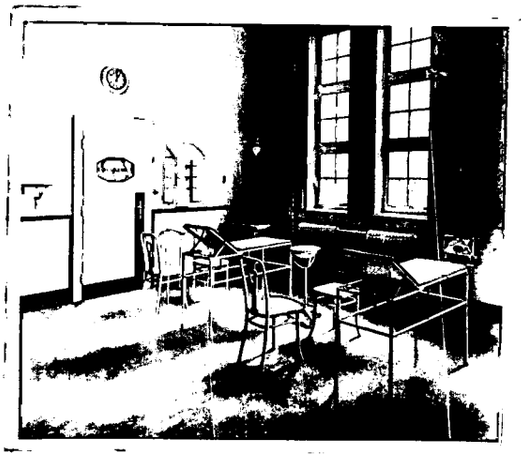
Plan.



25. Children's Institution,

V I E N N A.

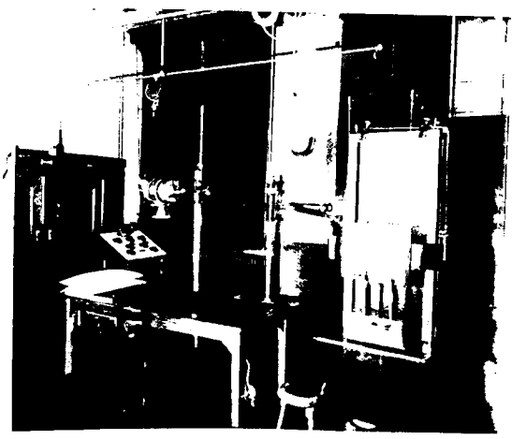
Plan.



26. Children's Institution,

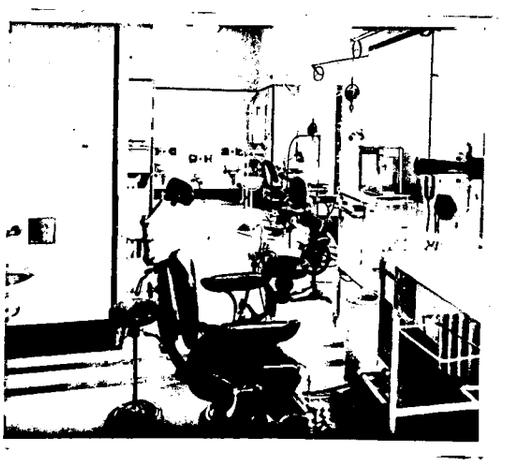
V I E N N A.

Admission Room.



27. Children's Institution Vienna.

X-Ray Room.



28. Children's Institution, Vienna.

Dental Room.

paid to all these subsidiary institutions for inspecting health and other matters. Sick inmates are treated in a hospital attached to the Central institution. The medical director of this central institution showed me all the details of his working; but what interested me most were naturally his arrangements for treating the sick and the chronically ill-nourished, the special educational and physical culture arrangements for the backward and the defective, and the methods of co-ordinating all these aspects of child culture. In fact the Director was a medico-educationalist, psychologist and administrator in one.

16.-HOSPITALITY OF PROFESSORS AND RECOGNITION OF INSTITUTIONS-

I must acknowledge with thankfulness the uniform courtesy and social hospitality with which I was treated by almost all the professors and surgeons I met in London and Oxford as well as every place on the Continent. Many professors in Germany, Austria Hungary and Italy, and France whom I met, not only took considerable trouble in showing me all their routine work as well as the researches they were interested in, but also supplied me with their hospital forms, reports and reprints of their publications Professor Elschnig, of Prague, at some inconvenience to himself and to two of his patients had postponed a rare operation (Transplantation of Cornea) to a date suitable to my arrival there. This professor as well as the senior professor at Budapest and two at Vienna showed me much social hospitality. Professor Pillat, the Ophthalmic Surgeon, and Professor Frankl, the Pathologist, both of Vienna have promised to give all advice & assistance to any Mysore Post-graduate who might go to Vienna for study.

The conjoint Board of the Royal College of Physicians of London and the Royal College of Surgeons of England, after some negotiation granted recognition to the Minto Hospital as a place

of study for the D.O.M.S. The Oxford University authorities also have given an assurance that work in the Minto Hospital will be recognised for the D.O. of that University.

It is likely that negotiations carried with the Conjoint Board authorities by Dr. Robinson and myself regarding the recognition of our M.B.B.S. degree will also be successful.

-CONCLUSION-

From my observations of these Western hospitals, I submit that the following points appeal to me as worthy of serious consideration and adoption as far as possible.

I. Equipment:--

A liberal supply of instruments and other equipments to the main hospitals. To secure this,

(a) introduction of a system of annual grants;

(b) permission to open an Equipment Fund in every main hospitals and permission to appeal to the public to contribute to it.

II. Personnel:--

(a) A larger number of trained medical officers to be posted to special hospitals and the special departments of general hospitals.

(b) Sub-Assitant Surgeons to be selected and posted to specialities and when found suitable to be retained there for some years instead of being changed annually.

(c) Better pay to ward attendants.

(d) Training of selected educated women for Laboratory work--similar to the "Laborantines" of Continental hospitals.

III. Laboratories and Libraries:--

(a) Establishment of at least a moderate sized pathological laboratory in every main hospital--special or general--with a trained hand solely meant for work there.

(b) Creating a good consulting medical library at Bangalore, and one at Mysore, and encouraging its gradual growth.

IV. Professional Records and Statistics:--

(a) Appointment of a part time registrar for every big hospital.

(b) Proper filing and indexing of professional records and facilities for the same.

V. Research and Teaching:--

(a) Greater encouragement of post-graduate work and teaching in every hospital.

(b) Fellowships of small value for encouragement of research in hospitals.

In conclusion I wish to tender my grateful thanks to the Dewan Sahib for all his sympathetic encouragement to me and kind permission to buy a generous quantity of apparatus for the Minto Hospital and to the Government for the help extended to me for this trip. I am also thankful to Sastra Vaidya Pravina Dr. S. Subba Rao, Senior Surgeon, for the valuable suggestions given to me during my travel, regarding professional observations, as well as the recognitions of our institutions.

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B. Kuppuswamy Rao

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

No. G 4894 — Bangalore, Dated, 18-1-1934.

Ans 712-33-2

From

H.V. Ramaswami, Esquire, M.A., B.L.,
General Secretary to the Government of His Highness the Maharaja of Mysore.

To

Sastravaidyapravina Dr. S. Subba Rao, B.A., M.B., C.M., etc.,
Senior Surgeon with the Government of His Highness
the Maharaja of Mysore, Bangalore.

Sir,

In forwarding herewith in original for reference and return, the report of Mr. B.K. Narayana Rao, Superintendent, Minto Ophthalmic Hospital, Bangalore, in connection with his visit to some Medical clinics in Europe, I am directed to request you to be so good as to furnish Government with your opinion on the proposals made by Mr. B.K. Narayana Rao at para 17 of the report.

I have the honor to be,

S i r ,

Your most obedient servant,

for General Secretary to Government.

P.H.

Appendix F G—1]

SUBJECT .....

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Section Med

File No. 112-33

Serial No. 2

Diary No. of letter replied to 1820

No. G4894 Genl

To The Senior Surgeon

Sir

In forwarding herewith in original, for refee & return, the report of Mr B. K. Narayana Rao - Supdt - M.O. Hospitals Bangalore, in connection with his visit to some Medical Clinics in Europe, I am directed to request you to be so good as to furnish Govt with your opinion on the proposals made by Mr B. K. Narayana Rao ~~Contained~~ at para 19 of his Report.

I have

6/1

for Secy

571

General and Revenue Secretariat

( )

the *193* .

Date of issue 10/1/34

Signed by .....

List of enclosures .....

Copied by 8.1.34

Examined by .....

MYSORE MEDICAL DEPARTMENT

Telephone—No. 215

OFFICE OF THE SENIOR SURGEON IN MYSORE,

No. GC. 126-1
Enc. 1.

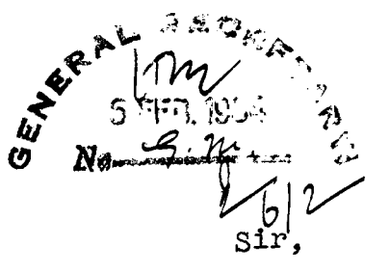
Bangalore, dated the Feb. 2nd 1934.

Med. 112-33-3

From Sastravaidya Pravina
S. SUBBA RAO, Esq., B.A., M.B.C.M., M.R.C.S., (Eng.) L.R.C.P. D.P.H.,
Senior Surgeon with the Government of H. H. the Maharaja of Mysore.

To.

The General Secretary to the Government of
His Highness the Maharaja of Mysore, Bangalore.



3493

Sir,

In retunring herewith the report of Mr. B.K.Narayana Rao received with your letter No.G.4894-Med.112-33-2, dated the 10th January 1934, re: his visit to some Medical Clinics in Europe, I have the honour to note below my opinion on the several proposals contained in paragraph 17 of the report.

I. Equipment.

(a) Instruments and other equipment are supplied to all institutions as far as the grants allotted to the stores permit. A more liberal supply would depend upon a more adequate budget provision, which is not practicable at present.

(b) The proposed Equipment Fund may, as an experimental measure, be opened; but I doubt if it would prove a success. Very recently an appeal was issued for small donations for the equipment of a bed in the bigger hospitals in the State, but the response so far has been very discouraging.

II. Personnel.

(a) At present more than half the number of the trained medical officers are concentrated into the bigger hospitals in the State. Any further increase in their numbers in order to meet the requirements of special departments, would only be possible, when the cadres of Assistant Surgeons and Surgeons are increased.

(b) The selection and postings of Sub Assistant Surgeons for practical training in special subjects is even now being done. The question of retaining them in the training Institution for some years instead of changing them annually deserves consideration. They may be withdrawn aftertwo years instead of after one year as at present.

(c) This question may be considered when the finances improve.

II Personnel.

(d) The selection of educated women for Laboratory work does not appear to me to be a workable proposition under existing social conditions. There are in all our Laboratories trained Sub Assistant Surgeons who do the work quite as satisfactorily as is desired.

III. Laboratories and Libraries.

(a) We have at present a Pathological Laboratory attached to the Victoria Hospital in which every kind of pathological work is being ~~carried~~ done. This is capable of functioning for any higher technical pathological work pertaining to the three institutions, viz., the Vctoria, the Minto and the New Maternity Hospitals. There is similarly a laboratory attached to the Krishnarajendra Hospital, Mysore.

Small Laboratories for conducting routine pathological work have been opened in all the District Head Quarter Hospitals; Sub Assistant Surgeons who have undergone a course of regular training in the Victoria Hospital Laboratory as well as in Coonoor in the technique of anti-rabic treatment being placed in charge of them.

(b) It is very desirable to create a good consulting Medical Library at Bangalore and Mysore. At present the Victoria Hospital has a library containing a large number of old and a small number of new books. This may be taken as a nucleus for the formation of a bigger library.

There is also a Library for the Medical College at Mysore. The question of developing this Library may be taken up for consideration as early as possible as it would be useful not only to the College but also to the other Medical Institutions.

IV. Professional Records and Statistics.

(a) The proposal of appointing a part time Registrar for collection of statistics, etc., is very commendable. At present one of the Assistant Surgeons or Sub Assistant Surgeons is detailed for this work in each institution, and the same practice may continue.

(b) The filing and indexing of professional records may be done and the cost of facilities required by way of special contrivances, etc., may be met out of contingencies.

V. Research and Teaching.

(a) This may be done in the bigger hospitals in Bangalore and Mysore.

(b) This is also a very commendable suggestion. Young and promising medical graduates may be granted fellowships for a period of-say 3 to 5 years- for conducting research ~~work~~ on particular subjects. This would, while giving congenial and useful occupation to a few of the medical graduates, provide the department with a set of young men possessing specialised knowledge who might be impressed into service when required.

I have the honour to be, Sir,
your most obedient servant,

S. Subba Rao.
Senior Surgeon.

D. C. No. Lf·6464
med·112-33-4

GENERAL AND REVENUE SECRETARIAT

Dated, Bangalore, 20th March 1934.
21st.

Dear Sir,

With reference to your letter No.G.C.126-1 dated 5th February 1934 forwarding your opinion on certain proposals made by Mr. B.K. Narayana Rao as the result of his visit to some Medical clinics in Europe, I am desired to state that the Second Member of Council would like to discuss some of the proposals with you and to request you to kindly do so, the next time you meet him.

Yours sincerely,

for Chief Secy

Sastravaidya Pravina
S. Subba Rao, Esq., B.A., M.B.C.M., M.R.C., (Eng.)
L.R.C.P., D.P.H.
Senior Surgeon in Mysore, Bangalore.

Appendix F G—1]

SUBJECT .....

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Section Rev

File No. 112-33

Serial No. 4

Diary No. of letter replied to 3443

No. G.6464.

To The Senior Surgeon

Dear Sir

With reference to your letter No GC 126-1 dt 5-2-1934 forwarding for opinion a certain proposal made by Mr B.K. Narayana Rao as the result of his visit to some medical Clinics in Europe, I am directed to state that the 2nd Member of Council would like to discuss some of the proposals with you & to request you to kindly do so, when next time you meet him

Yours sincerely

19/3

for Secretary

General and Revenue Secretariat

( )

the *193* .

Date of issue 21-3-1934

Signed by .....

List of enclosures .....

Copied by 20/3/34

Examined by .....

WD 0677—G PB—15,000—3-11-33

Para referred to in the Report	Proposal of Mr B. K. Narayana Rao	Opinion of the Senior Surgeon	Secret Vote	Orders of Govt.
		Very recently, an appeal was issued for small donations for the equipment of a bed in the Bigger Hospitals in the State, but the response so far, has been very discouraging	This appeal is different from the one proposed which can be made personally by the Medical Officer in charge to the patients who have benefited from the institution owing to his care & treatment. It may	
17 II (c1)	Personnel A larger number of Trained Medical Officers to be posted to Special Hospitals and the Special Departments of General Hospitals	At present more than half the number of the Trained Medical Officers are concentrated into the bigger Hospitals in the State. Any further increase in their numbers in order to meet the requirements of Special Departments	It seems desirable to get the distribution list of Surgeons & Asst Surgeons and see if any Changes could be effected. The question of	

Para referred to in the Report	Report of Mr B. K. Narayana Rao	Officers of the Medical & Sanitary Department	Secretariat Note	Orders of Government
		Sanctioned strength of Assistant Surgeons would only be possible when the cadres of Asst Surgeons & Surgeons are increased.	Increasing the No. of Officers in the Cadres can be considered when the State finances improve. 23/2/34	
(b)	Sub Asst Surgeons to be selected and posted to specialise and when found suitable, to be retained there for some years instead of being changed annually	The selection and postings of Sub Asst Surgeons for practical training in special subjects is even now being done. The question of retaining them in the training institution for some years instead of changing them annually deserves consideration. They may be withdrawn after 2 years instead of after one year as at present.	This may be approved. 28/2/34	

Para referred to in the Report	Proposal of Mr. B. K. Narayana Rao	Opinion of the Senior Surgeon	Secretariat Notes	Orders of Govt.
(c)	Better pay to Ward attendants.	This question may be considered when the finances improve.	The Opinion of the S. S. may be accepted. 23/2/34 Illegible	
III(d)	~~The selection of Educated Women for Laboratory Work~~ Training of selected educated Women for Laboratory Work - Similar to the "Laboratories" of Continental Hospitals	The selection of educated Women for Laboratory Work does not appear to me to be a workable proposition under Existing social Conditions. There are in all our Laboratories trained Sub Asst Surgeons who do the Work quite as satisfactorily as is desired	No action seems necessary. 23/2/34 I am inclined to agree with Dr. Narayana Rao & think the scheme is certainly worth a trial Illegible	

Laboratories & Libraries

III (a) Establishment of at least a moderate sized Pathological Laboratory in every main Hospl – Special or general – with a trained hand solely meant for work there.

We have at present a Pathological Laboratory attached to the Victoria Hospl. in which every kind of Pathological work is being done. This is capable of functioning for any higher technical pathological work pertaining to the three institutions, viz: the Victoria, the Minto and the New Maternity Hospls. There is similarly a Laboratory attached to the Krishnarajendra Hospl. Mysore.

Small Laboratories for conducting routine pathological work have been opened in all the Distt. Head-Quarter Hospitals. Sub. Asst. Surgeons who have undergone a Course of Regular training in the Victoria Hospl. Laboratory as well as in Coonoor in the technique of the Anti-Rabic treatment being placed in charge of them.

Dr. N. Rau observes in every reputed Clinic there are one or 2 problems on hand on which experimental work is continuously going on in its various laboratories. It would be interesting to know what if any problems are engaging the attention of our specialists here at present

Ltm

No further action seems necessary

23/2/34

III (b) Creating a good Consulting Medical Library at Bangalore & one at Mysore & encouraging its gradual growth.

It is very desirable to create a good Consulting Medical Library at Bangalore & Mysore. At present Victoria Hospl. has a Library containing a large number of old & small number of New books. This may be taken as a nucleus for the formation of a bigger Library.

There is also a Library for the Medical College at Mysore. The question of developing this Library may be taken up for consideration as early as possible as it would be useful not only to the College but also to the other Medical Institutions.

The S. S. may be asked to submit formal proposals showing what the cost involved would be.

23/2/34

The University may be Consulted about this

23/2/34

Professional Records & Statistics

IV (a) Appointment of a Part-time Registrar for every big Hospital.

The proposal of appointg. a Part-time Registrar for collection of Statistics etc. is very commendable. At present only the Asstt. Surgeons or Sub Asstt. Surgeons is detailed for this work in each institution, & the same practice may continue.

The S. S's view may be accepted

23/2/34

IV (b) Proper filing & indexing of professional records & facilities for the same.

The filing and indexing of professional records may be done and the cost of facilities required by way of special contrivances etc. may be met out of contingencies.

May be affirmed
23/2/34

Research and Teaching

V (a) Greater encouragement of Post-Graduate work & teaching in every hospital.

This may be done in the bigger hospitals in Bangalore & Mysore.

May be affirmed
23/2/34

(b) Fellowships of small value for encouragement of research in Hospitals.

This is also a very commendable suggestion. Young & promising Medl. Graduates may be granted Fellowships for a period of three to five years for conducting research on particular subjects.

This would while giving congenial & useful occupation to a few of the Medl. Graduates, provide

May be considered. If deemed may be consulted
23/2/34

Para. 17. Proposals contained in the Report of Mr B. K. Narayana Rao re visits to some Medical Clinics in Europe.

Para referred to in the Report	Proposal of Mr B. K. Narayana Rao	Opinion of the Senior Surgeon Hqrs	Secy's Note	Orders of Govt
	Equipment			
I (a)	Introduction of an system of annual grants to secure an liberal supply of instruments & other equipment to the main hospitals.	Instruments and other equipment are supplied to all Institutions as far as the grants allotted to the Stores permit. A more liberal supply would depend upon an more adequate Budget provision which is not practicable at present.	With the present limited Sanctioned Cannot see why every big Instn should not have a regular annual grant. The SS may be asked why this cannot be done & what his present practice is. The Secy may be Consulted. 23/2/34	
(b)	Permission to open an Equipment Fund in every main Hospl. & permission to appeal to the public to contribute to it.	The proposed Equipment Fund may as an experimental measure be opened, but I doubt if it would prove a success.	Dr. Narayana Rao's proposal may be accepted & the S. S's proposal may be accepted 23/2/34	